

COMPLAINT INVESTIGATION REPORTSTOCKTON SATELLITE, 510 MAGNOLIA ST, STE 3
STOCKTON, CA 95202

This is an official report of an unannounced visit/investigation of a complaint received in our office on
12/17/2008 and conducted by Evaluator Dan O'Boyle

PUBLIC**COMPLAINT CONTROL NUMBER: 23-SC-20081217101719****FACILITY NAME:** EMERITUS AT HERITAGE PLACE**FACILITY NUMBER:** 397003261**ADMINISTRATOR:** JOANN MC REYNOLDS**FACILITY TYPE:** 740**ADDRESS:** 355 WEST GRANT LINE ROAD**TELEPHONE:** (209) 835-1000**CITY:** TRACY**STATE:****ZIP CODE:** 95376**CAPACITY:** 180**CENSUS:** 109**DATE:** 03/12/2009

UNANNOUNCED

TIME VISIT BEGAN: 02:52 PM**MET WITH:** Joanne Mc Reynolds**TIME COMPLETED:** 04:45 PM**ALLEGATION(S):**

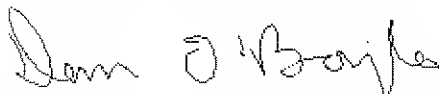
1 Facility is accepting residents without LIC 602. Corporate Office directing facility to admit without LIC 602.
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INVESTIGATION FINDINGS:

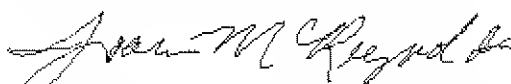
1 During LPA visit on 12/18/08 LPA reviewed 7 files at random of recently admitted residents to verify the
2 presence of a LIC 602A. Initially the facility was only able to provide four of the documents. Several days later
3 the facility provided the missing documents. At least two of them reflected completion dates after the resident
4 had been admitted.
5

6 LPA interviewed staff who were present at a meeting during which a corporate representative approved the
7 practice of admitting someone without a Physician Report. The participants at the meeting were told that the
8 aforementioned practice was not to be done indiscriminantly or on a regular basis, but rather on a
9 case-by-case basis, and facilities could not make independent decisions to admit someone without the LIC
10 602A. Corporate would need to be contacted and given a detailed explanation about the circumstances
11 pertaining to the admission.
12
13

Continued on LIC 9099C

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Michael Smith**TELEPHONE:** (916) 263-4707**LICENSING EVALUATOR NAME:** Dan O'Boyle**TELEPHONE:** (209) 202-9551**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/12/2009

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/12/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT HERITAGE PLACE

FACILITY NUMBER: 397003261

VISIT DATE: 03/12/2009

NARRATIVE

1 Before making a joint decision by corporate and the facility to admit a resident without the required LIC
2 602A, consideration would be given to the amount and quality of the background information already
3 acquired, the needs of the prospective resident, and any circumstances or needs that would justify admitting
4 the person without all required documents.
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6 LPA finds sufficient information to deem the allegation SUBSTANTIATED.
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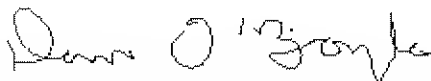
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TELEPHONE: (916) 263-4707

LICENSING EVALUATOR NAME: Dan O'Boyle

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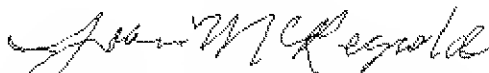
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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT HERITAGE PLACE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 397003261

VISIT DATE: 03/12/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/13/2009 Section Cited 87458(a)	1 MEDICAL ASSESSMENT - There were at least 2 2 physician reports completed several days or more 3 after the residents had been admitted to the facility. 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7	1 Administrator will provide a facility policy regarding 2 proper admission procedures. The policy will be 3 submitted to CCL by end of business On 03/13/09. 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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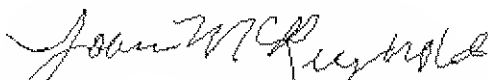
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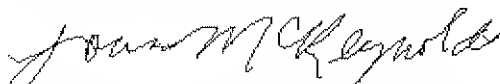
1. Former Nurse forging physician signature on LIC 602.
2. No T.B. documents on residents.

INVESTIGATION FINDINGS:

1. LPA found no evidence that the former nurse forged any signatures. When LPA interviewed her she denied taking any such action.
 2. LPA found that in lieu of PPD tests the facility obtained chest x-rays.
- Allegations are UNFOUNDED

Unfounded**Estimated Days of Completion:****SUPERVISOR'S NAME:** Michael Smith**TELEPHONE:** (916) 263-4707**LICENSING EVALUATOR NAME:** Dan O'Boyle**TELEPHONE:** (209) 202-9551**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/12/2009

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